



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor  
MANDY COHEN, MD, MPH • Secretary  
MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

August 13, 2021

Adam McConnell  
[amcconnell@granvillemedical.com](mailto:amcconnell@granvillemedical.com)

**Exempt from Review – Replacement Equipment**

**Record #:** 3627  
**Date of Request:** July 29, 2021  
**Facility Name:** Granville Health System  
**FID #:** 943195  
**Business Name:** Granville Medical Center  
**Business #:** 841  
**Project Description:** Temporarily replace an existing fixed CT scanner with a mobile CT scanner while the existing CT scanner is repaired  
**County:** Granville

Dear Mr. McConnell:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that the above referenced project is exempt from certificate of need review in accordance with G.S. 131E-184(a)(7). Therefore, you may proceed to acquire without a certificate of need the GE Lightspeed 16 (Serial #98809YM9) mobile CT scanner to temporarily replace the Siemens Somatom Perspective 64 Slice (Serial #59390) CT scanner until the existing fixed CT scanner is repaired. This determination is based on your representations that the temporary mobile unit will be sold or otherwise disposed of and will not be used again in the State without first obtaining a certificate of need if one is required.

It should be noted that the Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this office and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Kim Meymandi  
Project Analyst

Micheala Mitchell  
Chief, Certificate of Need

cc: Radiation Protection Section, DHSR  
Construction Section, DHSR

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION**  
**HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION**

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603  
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704  
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



July 29, 2021

Ms. Micheala Mitchell, Chief  
Healthcare Planning and Certificate of Need Section  
Division of Health Service Regulation  
2704 Mail Service Center  
Raleigh, NC 27699-2704

**RE: Temporary Equipment Replacement for Granville Health System's CT Scanner**

Dear Ms. Mitchell:

The purpose of this letter is to request that Granville Health System ("GHS") be permitted to temporarily utilize one out-of-state mobile CT scanner in place of its existing fixed CT scanner. GHS has experienced multiple episodes of downtime for its sole CT scanner and the vendor proposes to bring a temporary mobile CT scanner in to use while it diagnoses the issue with the fixed CT scanner. GHS hopes this process can be resolved in a few weeks or sooner.

As the only hospital in Granville County, GHS believes it is vital to provide CT services to its patients while its existing CT scanner is being repaired. To ensure continued care to patients, GHS intends to contract with Shared Imaging, LLC to bring a mobile CT scanner to GHS from another state. The mobile scanner is a GE Lightspeed 16 (Serial No. 988409YM9). Upon completion of the diagnosis and repairs to the existing fixed CT scanner, and once GHS is able to utilize its own CT scanner again, the vendor will remove the mobile CT scanner from the state. At no time will GHS scan patients on more than one CT scanner.

No construction or other capital costs will be necessary to provide the temporary service. GHS understands that the costs for leasing the temporary mobile scanner are considered operational costs by the Healthcare Planning and Certificate of Need Section; as such, GHS is not requesting that any costs for the temporary replacement be reviewed. GHS merely requests confirmation that it may temporarily use the out-of-state mobile CT in place of its fixed CT scanner.

GHS has an immediate need to begin this work to repair its existing CT scanner, so please let me know if I can provide any additional information to expedite our request.

Sincerely,

A handwritten signature in black ink, appearing to read "Adam McConnell", with a stylized flourish at the end.

Adam McConnell  
Chief Financial Officer

**From:** [Daniel Carter](#)  
**To:** [Meymandi, Kimberly](#)  
**Cc:** [Waller, Martha K](#)  
**Subject:** [External] Temporary CT Replacement  
**Date:** Thursday, July 29, 2021 10:17:38 AM  
**Attachments:** [GHS Temporary CT Replacement Letter.pdf](#)

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Kim,

Good morning. On behalf of my client, Granville Health System, please see the attached letter. If you have any questions, please let me know.

Also, I realize it's not on the letter, so Mr. McConnell's email is [amcconnell@granvillemedical.com](mailto:amcconnell@granvillemedical.com).

Thank you.

Daniel

**Daniel Carter** | PARTNER

[danielcarter@ascendient.com](mailto:danielcarter@ascendient.com) | 919.226.1705 | [LinkedIn](#) | [www.ascendient.com](http://www.ascendient.com)



HIGHER THINKING FOR HEALTHCARE MANAGEMENT

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**From:** [Daniel Carter](#)  
**To:** [Meymandi, Kimberly](#)  
**Subject:** RE: [External] Temporary CT Replacement  
**Date:** Monday, August 9, 2021 12:57:12 PM  
**Attachments:** [image002.jpg](#)  
[image005.jpg](#)  
[image006.jpg](#)  
[image007.jpg](#)

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Kim,  
I have the information from the hospital. Please see below:  
Make : Siemens  
Model: Somatom Perspective 64 Slice  
Serial Number: 59390  
Is this sufficient, or do you need a more formal letter?  
Thank you.  
Daniel

**Daniel Carter** | PARTNER

[danielcarter@ascendient.com](mailto:danielcarter@ascendient.com) | 919.226.1705 | [LinkedIn](#) | [www.ascendient.com](http://www.ascendient.com)



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**From:** Meymandi, Kimberly <[kim.meymandi@dhhs.nc.gov](mailto:kim.meymandi@dhhs.nc.gov)>  
**Sent:** Monday, August 9, 2021 10:36 AM  
**To:** Daniel Carter <[danielcarter@ascendient.com](mailto:danielcarter@ascendient.com)>  
**Subject:** RE: [External] Temporary CT Replacement

Good morning Daniel,  
Hope you had a great weekend. Just wanted to send to a friendly reminder that we still need the specifications for the existing CT scanner.

Thanks

Kim

**Kim Meymandi**

Project Analyst, Certificate of Need

[Division of Health Service Regulation](#), [Healthcare Planning and Certificate of Need Section](#)  
[NC Department of Health and Human Services](#)

Office: 919-855-4665 *I am primarily working from home. Email is the best way to contact me.*

[Kim.Meymandi@dhhs.nc.gov](mailto:Kim.Meymandi@dhhs.nc.gov)

809 Ruggles Drive, Edgerton Building

2704 Mail Service Center

Raleigh, NC 27699-2704

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**From:** Daniel Carter <[danielcarter@ascendient.com](mailto:danielcarter@ascendient.com)>

**Sent:** Tuesday, August 3, 2021 8:04 PM

**To:** Meymandi, Kimberly <[kim.meymandi@dhhs.nc.gov](mailto:kim.meymandi@dhhs.nc.gov)>

**Subject:** RE: [External] Temporary CT Replacement

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Thanks, Kim.

I'm working to get this from the hospital.

Daniel

**Daniel Carter** | PARTNER

[danielcarter@ascendient.com](mailto:danielcarter@ascendient.com) | 919.226.1705 | [LinkedIn](#) | [www.ascendient.com](http://www.ascendient.com)



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**From:** Meymandi, Kimberly <[kim.meymandi@dhhs.nc.gov](mailto:kim.meymandi@dhhs.nc.gov)>

**Sent:** Tuesday, August 3, 2021 12:04 PM

**To:** Daniel Carter <[danielcarter@ascendient.com](mailto:danielcarter@ascendient.com)>

**Cc:** 'amconnell@granvillemedical.com' <[amconnell@granvillemedical.com](mailto:amconnell@granvillemedical.com)>

**Subject:** RE: [External] Temporary CT Replacement

**EXTERNAL EMAIL:** This email originated from outside ASCENDIENT. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Daniel,

On this request, we need the existing CT scanner specifications, to include the make, model number and serial number.

Let me know if you have any questions.

Thanks,

Kim

**Kim Meymandi**

Project Analyst, Certificate of Need

[Division of Health Service Regulation](#), [Healthcare Planning and Certificate of Need Section](#)  
[NC Department of Health and Human Services](#)



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Office: 919-855-4665 *I am primarily working from home. Email is the best way to contact me.*

[Kim.Meymandi@dhhs.nc.gov](mailto:Kim.Meymandi@dhhs.nc.gov)

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Raleigh, NC 27699-2704

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**From:** Daniel Carter <[danielcarter@ascendient.com](mailto:danielcarter@ascendient.com)>

**Sent:** Thursday, July 29, 2021 10:18 AM

**To:** Meymandi, Kimberly <[kim.meymandi@dhhs.nc.gov](mailto:kim.meymandi@dhhs.nc.gov)>

**Cc:** Waller, Martha K <[martha.waller@dhhs.nc.gov](mailto:martha.waller@dhhs.nc.gov)>

**Subject:** [External] Temporary CT Replacement

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Daniel

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